

Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name MARGARET ELLIS ROGERS

Full Address 619 OWEN ROAD, NEW ALBANY, MS 38652

Telephone 662-534-8886 (Fax) \_\_\_\_\_

E-mail mrogers@house.ms.gov

Office Sought STATE REPRESENTATIVE Political Party DEMOCRAT  
DISTRICT 14

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

(itemized + non-itemized) This Period Calendar year-to-date

Total amount of contributions	<u>1500.00 + 200.00</u>	\$	<u>1700.00</u>	\$	<u>1700.00</u>
Total amount of disbursements	<u>836.10 + 1793.00</u>	\$	<u>2629.10</u>	\$	<u>2629.10</u>
Total amount of cash on hand		\$	<u>10,172.78</u>		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Margaret Ellis Rogers  
Signature of Candidate

January 12, 2010  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED

JAN 13 2010

Secretary of State  
Capitol Office  
DATE STAMP

Name of Candidate or Committee MARGARET ELLIS ROGERS  
Reporting period JAN 1, 2009 through DEC 31, 2009

# ITEMIZED DISBURSEMENTS

A. Full name	JOHNNY MORGAN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 309	6 / 9 / 09	\$ 145.31
City, State, Zip Code	OXFORD, MS 38655	11 / 27 / 09	\$ 133.80
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 279.11
B. Full name	NEW ALBANY NEWS-EXCHANGE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	400 East Bankhead Street	8 / 11 / 09 10 / 23 / 09	\$ 295.00 35.00
City, State, Zip Code	NEW ALBANY, MS 38652	12 / 11 / 09 12 / 16 / 09	\$ 66.99 160.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 556.99
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$



Name of Candidate or Committee MARGARET ELLIS ROGERSReporting period JAN 1, 2009 through DEC 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Payday Advance Centers</u> <u>Advance America</u>		___/___/___	\$
Mailing Address <u>135 N Church St</u>		___/___/___	\$
City, State, Zip Code <u>Spartanburg, South Carolina 29306</u>		___/___/___	\$
Name of Employer (Required)		<u>1/5/09</u>	\$ <u>500.00</u>
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Check Into Cash, Inc</u>		___/___/___	\$
Mailing Address <u>PO 550 201 Keith St SW Suite 80</u>		___/___/___	\$
City, State, Zip Code <u>Cleveland, TN 37364-0550</u>		___/___/___	\$
Name of Employer (Required)		<u>7/6/09</u>	\$ <u>500.00</u>
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chevron Corp</u>		___/___/___	\$
Mailing Address <u>Box 9084</u>		___/___/___	\$
City, State, Zip Code <u>Concord CA 94524</u>		___/___/___	\$
Name of Employer (Required)		<u>10/16/09</u>	\$ <u>500.00</u>
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$